102595-02-M-1540 C. Date of Delivery ☐ Addressee Return Receipt for MerchandiseC.O.D. Case 1:02 ☐ Agent 288 the delivery address below: □ Express Mail 7003 1640 0000 0330 4009 4. Restricted Delivery? (Extra Fee) CO.D. Printed Name and different Certified Mail Begistered ☐ Insured Mail Service Type D. 🎉 deliven If YES Domestic Return Receipt ai Attach this card to the back of the mailpiece, Print your name and address on the reverse ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. so that we can return the card to you. or on the front if space permits. (A) 28) Cincinnati, OH 45227 PS Form 3811, August 2001 (Transfer from service label) Jeffrey Denton 6104 Chandler Article Addressed to: Article Number 77 - B

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